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JUL 01 2009

# PIERCE COUNTY REPORT OF INCIDENT OR UNSAFE CONDITION

(Do NOT use to report County-owned VEHICLE damage OR County EMPLOYEE INJURY)

Department <b>Public Works - Road Ops</b>		Your Department's Risk Management BARS Code: <b>150.200.6200.54290 .46.0030</b>	
Employee Completing Report	Employee Name <b>Ryan DeForest</b>		Work Phone <b>(253) 798-6000</b>
	Division, Section, Etc. <b>Road Department</b>		
	Work Address		
Person Injured/Involved In the Accident or Incident	Name <b>Ryan DeForest</b>		Age <b>32</b>
	Home Address <b>1409 205<sup>th</sup> St + E</b>		Home Phone <b>(253) 847-4611</b>
	Occupation <b>Heavy Equipment operator</b>		
	Employed By: <b>Pierce County</b>		Work Phone <b>(253) 798-6000</b>
	What was the involved person doing at the time of accident or incident?		
Date, Time and Place	Date <b>6/29/09</b>		Time <b>1:20</b>
	Location <b>128<sup>th</sup> St E + 16<sup>th</sup> Ave E</b>		
The Injury	Nature and extent of injury		
	Where was injured taken after accident?		Name of Doctor
	Why was injured on premises?		
Property Damage or Theft of Property	Owner's Name		Home Phone
	Address		
	List damage:		
	Police Case #:		
Description of Accident, Incident or Unsafe Condition	(Attach additional sheets if necessary.) <b>Mowing the ditch on 128<sup>th</sup> St E and hit phone cable laying in <del>view</del> grass. Looked like it had been repaired before today.</b>		
	Locates Required? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Locate #: <b>201</b>		
Describe 1st Aid:		PARKS - Did person resume skating? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Witnesses	Name		Address
	Name		Address
	Date, location and badge # or name of police authority to whom incident was reported:		
Date <b>6-30-09</b>	Signature of Employee <b>Ryan DeForest</b>		Signature of Department or Agency Head <b>[Signature]</b> <b>201</b> <b>6-30-09</b>

Return completed form to:

PIERCE COUNTY RISK MANAGEMENT  
955 Tacoma Avenue South, Suite 303  
Tacoma, WA 98402



